

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

Instructions

1. Print in ink or type.
2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Alexander Bennett
Last First MI

2. BUSINESS PHONE 225-928-0026
Area Code and Phone Number

3. BUSINESS ADDRESS 9501 Brookline Ave BR LA 70809
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Louisiana Hospital Association

5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Hospital Association

Address Same

Business or purpose healthcare

Does this person pay you? yes

If No, who pays you? _____

FOR OFFICE USE ONLY

Postmark Date: 5-24-08

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ckd 29646
#110

ack

1072319

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2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

